Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS263S	A. BUILDING _____ B. WING _____	05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON HEALTHCARE CENTER	1180 E. LAKE MEAD DRIVE HENDERSON, NV 89015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 5/6/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024672 was substantiated with deficiencies cited. (See Tags Z064 and Z230) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z 64 SS=D	NAC 449.74429 Transfer or Discharge of Patient 5. A facility for skilled nursing shall prepare a patient for his transfer or discharge in such a manner as to ensure the safe and orderly transfer or discharge of the patient from the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed have evidence of a completed transfer form to provide information regarding Resident #1's needs and medications to the admitting acute care facility upon transfer.	Z 64		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z 64	Continued From page 1 Severity: 2 Scope: 1	Z 64		
Z230 SS=E	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: 1. Based on interview and record review, the facility failed to have evidence of daily skin inspections by a certified nursing assistant, removal of TED hose and the inspection of the site every shift per protocol, and to obtain a physician's order for the TED hose for 1 of 1 residents (Resident #1). 2. Based on record review and interview, the facility failed to have documented evidence that 1 of 1 residents (Resident #1), noted to be dependent on staff for turning, was turned every two hours. 3. Based on observation and interview, the facility failed to ensure call lights were within reach of the residents in 10 of 14 rooms observed. Severity: 2 Scope: 2	Z230		